

Case Number:	CM15-0066276		
Date Assigned:	04/14/2015	Date of Injury:	07/23/2014
Decision Date:	06/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male, who sustained an industrial injury on 7/23/2014. He reported right shoulder pain. The injured worker was diagnosed as having history of right shoulder injury in 2010, status post right shoulder surgery in 2013, and recurrent right shoulder injury on 7/23/2014. Treatment to date has included medications, right shoulder surgery, previous magnetic resonance imaging of the right shoulder, Kenalog injection. The request is for a repeat magnetic resonance imaging of the right shoulder. The records indicated magnetic resonance imaging of the right shoulder completed in July 2014, showed evidence of rotator cuff tear, tendinitis, and distal supraspinatus tendinopathy. On 3/10/2015, he complained of continued right shoulder pain. He reported having some relief of pain from Kenalog injection to the right shoulder. He was placed on restricted duty work status and a magnetic resonance imaging of the right shoulder was requested. The treatment plan included: repeat magnetic resonance imaging of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repeat MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. In addition, the patient had a previous MRI of the right shoulder in July of 2014. There are no changes in the patient's condition or red flags suggestive of a repeat MRI. Therefore, the request for MRI of the right shoulder is not medically necessary.